

**ARIZONA DIVISION OF EMERGENCY MANAGEMENT
APPLICANT'S BENEFITS CALCULATION
WORKSHEET**

PCA # _____

PW # _____

APPLICANT NAME

PA ID

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL in % of Hourly Rate		

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS, WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED BY: _____

TITLE: _____ DATE: _____